





# BULLETIN OF THE HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION

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Harvard  
Medical  
Society  
of New York.

A chance conversation at the last annual meeting of the Alumni Association with a member from New York City disclosed the very interesting fact and, we must admit, a new one to us, that there exists a Harvard Medical Society of New York. Further inquiry from the secretary, Grant P. Pennoyer, M.D. '19, 59 East 54th St., New York City, revealed that this is an old and flourishing organization of alumni of the Medical School practising in New York. Founded in 1891, and incorporated in 1894, it has among its members many of the best known physicians in New York and has had a long line of distinguished presidents. About four meetings are held each year in the form of dinners at the Harvard Club. It has not been customary to elect internes to the

Society but an attempt is made to include all graduates of the Medical School who are in active practice in the vicinity of New York City. Recent graduates who are practising in New York are cordially invited to get in touch with Dr. Pennoyer, for the Society has no way of finding these men except as some member happens to run across them and proposes them for membership. Undoubtedly there are many eligible doctors who have never heard of the Society. The dues are \$10 a year, which pays also for all the dinners; there is no initiation fee. We are told that the meetings are very enjoyable and that all the members consider the Society quite worth while.

Our own amazing ignorance of the existence of this important organization of Harvard Medical alumni makes us wonder

whether other local societies of similar character exist in other parts of the country. If so, we should be very glad to hear about them.

\* \* \*

**Boston** Even to the casual visitor at 8  
**Medical** The Fenway it must be at once  
**Library.** evident that highly satisfactory progress has been made in the building operations attendant upon the important addition to the Library building. In the issue of the BULLETIN for July there was recorded the Committee's intention to proceed with construction in spite of the fact that sufficient funds for the completion of the addition were not then in sight; this decision was reached as the result of a conference with experienced men of affairs, friends of the Library, who felt assured of the eventual success of the entire project. In other words, with money available to pay for the shell and to finish offices for the Massachusetts Medical Society and the *Journal*, it was deemed justifiable to postpone until a later date construction of the stack, which in any event is an independent operation under special contract. In pursuance of this decision the enterprise was promptly started and has been carried forward with commendable speed in spite of initial delay caused by the discovery of a "never failing" spring at the seat of the new foundation. The building is now completely covered in and within a short time it will be possible to turn on heat from the boilers, thus making further progress entirely independent of weather and guaranteeing the furnishing of promised quarters for the Society and *Journal* upon the expiration of their present lease at 165 Newbury St. Maintaining customary library service, in face of the noise and dirt incident to building operations and with the hampering effect of seriously crowded conditions in the main building, has been a difficult problem for Mr. Ballard and his

assistants, and the highest praise is due them for the amiable and efficient way in which they have surmounted all difficulties.

A considerable sum is needed to put through the plan but failure is inconceivable.

\* \* \*

**Harvard** We print elsewhere in this  
**Doctors in** issue a brief article by Alex-  
**Rhode Island.** ander M. Burgess, M.D.  
'10, of Providence, on the activities of Harvard Medical men in Rhode Island. We hope that this will prove a stimulus to members from other parts of the world to recount what Harvard men are doing in their locality. In California, for instance, there is a large and influential representation of Harvard men. Let us hear from them! The Army, the Navy, the Public Health Service, the Foreign Missions, all contain members of this Association who have rendered distinguished service. Will some of them do their friends the favor of giving an account of their doings?

\* \* \*

**The House** The House of the Good Sa-  
**of the** maritan, so well known to  
**Good** graduates of the Medical  
**Samaritan.** School, is still forging ahead. The first hospital in Boston to establish an orthopaedic ward, a tuberculosis ward, a cancer ward, and a rheumatic fever ward, it clearly demonstrated the advantages of gathering such patients into groups for specialized care and study. As the need for such care has been realized by the community, other institutions have taken over the tuberculosis cases and the orthopaedic cases, and have reduced the number of applications from cancer patients. Their places at the Good Samaritan have been taken by children and a few women with rheumatic fever, chorea, and rheumatic heart disease, until the hospital finds itself with fifty-two beds devoted exclusively to the rheumatic infections. This appears to

be the largest group of its kind in this country and presents a unique opportunity for intensive study of a widespread and devastating disease. Realizing the urgent need, the House of the Good Samaritan has with courage and foresight taken another pioneer step by embarking on a program of research into the etiology of rheumatic fever.

A new wing will be built to cost \$100,000. In it will be a large laboratory for bacteriological and pathological work, a cardiographic and fluoroscopic room, and a large solarium.

The active research work will be carried on under the hand of T. Duckett Jones, M.D., who will be assisted directly by the regular visiting staff and indirectly by a board of consultation.

The members of the visiting staff are Arthur K. Stone, M.D. '88, Chief of

Staff, William D. Smith, M.D. '11, William B. Breed, M.D. '20, Howard B. Sprague, M.D. '22, and James M. Faulkner, M.D. '24.

The advisory board is made up of Kenneth D. Blackfan, M.D., Cecil K. Drinkwater, M.D., John R. Paul, M.D., Homer F. Swift, M.D., Paul D. White, M.D. '11, and Hans Zinsser, M.D.

To operate such a department will cost \$20,000 a year, which sum can be secured from an endowment fund of \$400,000. The drive for \$500,000, which is now in full swing, deserves the support of all physicians, and especially of all Harvard men. Checks may be sent to the Good Samaritan Hospital Fund, 100 Milk St., Boston, Mass.

On December 9, 1930, it was reported that \$146,000 had been collected.

## Harvard Medical School Alumni Association Annual Meeting, April 17 and 18, 1931

**M**ANY medical meetings have been held at the Harvard Medical School. Most of them have been for the benefit of a special group or organization, and a willing staff has been glad to bear the burden. Now the time has come to arrange a meeting for our own graduates, to show them what the Harvard Medical School is today; what it is trying to accomplish; and what success it is achieving. A comprehensive program covering two days has been arranged and approved by the Council of the Medical Alumni. The meeting will be held on Friday, April 17, and Saturday, April 18, 1931, at a time when the School is in full session and when all classrooms, laboratories, and hospital clinics will be open for inspection. Several graduates of outstanding ability have been invited to take part.

The program in rough form is:

### FRIDAY, APRIL 17—SESSION IN VANDERBILT GYMNASIUM.

- 9 A. M.—Dr. Walter B. Cannon.
- 9.45—Dr. Hans Zinsser.
- 10.30—Dr. Elliott P. Joslin.
- 11.30—Hospital Clinics. Peter Bent Brigham Hospital, (Drs. Cushing and Christian).
- 1 P. M.—Cafeteria lunch in the Dormitory.
- 2. —Dr. E. C. Cutler (Cleveland).
- 2.30—Dr. G. R. Minot (B. C. H.).
- 3. —Dr. Hugh Cabot (Mayo Clinic).
- 3.30—Dr. Otto Folin (H. M. S.).
- 4. —Dr. Francis G. Blake (Yale).
- 4.30—Mr. W. G. Smillie (H. S. P. H.).
- 5. —Business meeting.
- 7.30—Dinner in the Dormitory (Bowditch Hall). Dr. F. M. Rackemann, Dr. D. L. Edsall, Dr. W. S. Thayer, President Lowell.

### SATURDAY, APRIL 18—CLINICS AT HOSPITALS.

- 9 A. M.—Palmer Memorial Hospital.
- Huntington Hospital.
- Deaconess Hospital.
- Beth Israel Hospital.
- Children's Hospital.



Good Samaritan Hospital.

Psychopathic Hospital.

Free Hospital for Women.

Boston Lying-In Hospital.

11—Massachusetts General Hospital.

Boston City Hospital.

1 P. M.—Class lunches or dinners.

On Friday, all the meetings will be of a general and fundamental character, which should appeal to doctors of every kind whether surgeons, internists, or "specialists." They are planned to keep the visitors together all day in and around the Medical School. At 9 o'clock, on Friday morning, in the Gymnasium, Dr. Cannon will describe briefly some of the enormous advances which have been made in the teaching of physiology and will demonstrate the behavior of animals whose sympathetic nervous system has been removed.

Dr. Hans Zinsser, Professor of Bacteriology and Immunology, will show how important the new knowledge of immunology has become and how broad its application is. Dr. Zinsser, like Dr. Cannon, has built up his department in the School and made it of outstanding value to scientists and clinicians alike. His own researches are of primary importance.

Dr. Joslin's expert management of diabetic patients is well known. Master of his subject, the demonstration of his methods and the results are always inspiring.

In the middle of the morning the group will leave the Gymnasium and move to the amphitheatre of the Peter Bent Brigham Hospital, where Dr. Harvey Cushing and Dr. Henry Christian will demonstrate cases and will bring out some of the changes in the methods of teaching students as well as in the treatment of certain diseases.

Between the morning and afternoon sessions there will be ample time to look about the new buildings at the Medical School as well as to see old friends at the informal luncheon.

In the afternoon, back again in the Gymnasium, there will be a series of shorter talks, each given by a prominent graduate of the Medical School. These talks

will be on broad topics which will be of interest to all.

On Friday evening, in Bowditch Hall, the Dormitory dining room, there will be a formal dinner. The changing aspects of medical education, the growth and development of medical centers, and some of the problems peculiar to the Harvard Medical School will be discussed by Dean Edsall, Dr. W. S. Thayer of Baltimore, and President Lowell. Other speakers will be announced in due course.

Saturday morning will be given over to clinics arranged in two groups. In the neighborhood of the Medical School, the heads of departments of each of the smaller hospitals have agreed to arrange a series of informal programs which will last from 9 to 10.30 A. M. Later in the morning, it is expected that the men will go either to the Massachusetts General Hospital or to the City Hospital to hear other clinics and papers.

A feature on Saturday will be the class luncheons, which are to be planned individually by the various class secretaries. These luncheons may be held at a hotel, a club, or a hospital, or perhaps in a private room at the Dormitory itself. They can be formal or informal and be devoted either to work or to play. No doubt each class secretary will welcome suggestions. The chief object of these luncheons will be to draw together men of the same age who can renew old friendships and exchange their experiences and ideas.

Another BULLETIN will be published in March. In it this program will be presented again in a more complete form. In the BULLETIN the Committee will ask for tentative replies so as to obtain advance information about the probable attendance. The Committee hopes that every man will see how attractive the program is and will enter in his engagement book the dates of April 17 and 18, 1931. Further information may be obtained from James M. Faulkner, Secretary of the Committee, Harvard Medical School, Boston.

# A History of the Harvard Medical School

BY HENRY R. VIETS

**D**URING the period 1780-1783 the Harvard Medical School had its organization. It was actually founded, September 19, 1782, at which time the Corporation of Harvard College adopted the report submitted to them embodying a plan for the formation of a medical school. In November of that year the Corporation appointed the first professor, John Warren, who accepted the Chair of Anatomy and Surgery in December. Later in 1782, Benjamin Waterhouse was chosen Professor of the Theory and Practice of Physic, and in May, 1783, Aaron Dexter was chosen Professor of Chemistry and Materia Medica. Warren and Waterhouse were inducted into office in October, 1783, and Dexter a short time later. Funds for the Medical School had been accumulating for some years. Ezekiel Hersey, Esq., a graduate of the College in 1728, gave a thousand pounds to Harvard College, in 1770, towards the support of a Chair of Anatomy and Surgery, whenever one should be established. Other smaller gifts were added slowly and, although some money was at hand and the desire for organized medical teaching had already been expressed, the intervening war prevented the College from taking any action.

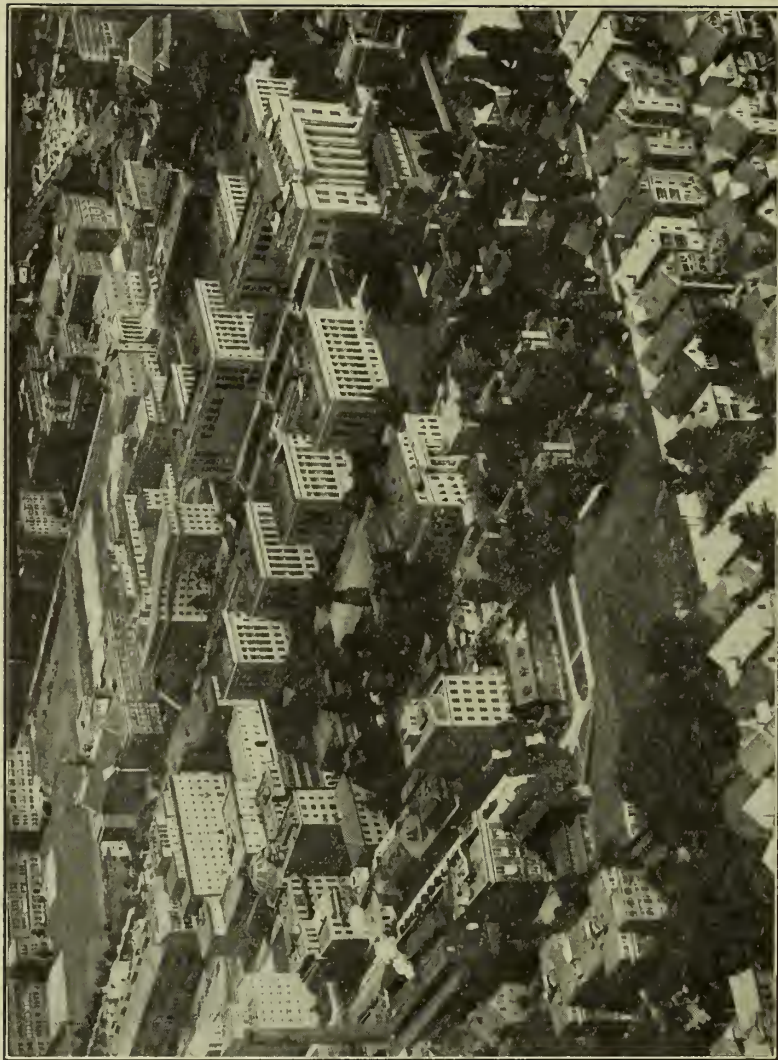
Before his actual appointment to the Chair of Anatomy and Surgery, John Warren had given courses in anatomical demonstrations to physicians of the army in his military hospital in 1780. As this was the first attempt in Boston to teach anatomy by means of regular demonstrations, it was necessary to observe a certain amount of secrecy on account of the existing prejudice against dissections. The

course was given under the auspices of the Boston Medical Society at the hospital, and was attended by many literary and scientific men, including President Willard and members of the Harvard Corporation, as well as students from the College. These courses were continued the next year, and a third course, given in 1782 in the "Molineaux House" on Beacon St., was attended by the senior class of Harvard College. It was John Warren's habit to give certificates to students who completed his course of private lectures.

When the Medical School was actually started, Warren set to work with zeal and energy, which had come to be recognized as one of his characteristics. "With few books of instruction, without a teacher as guide, or a model as aid, the preparation of the lectures was a task that would have staggered any man less courageous and determined than he. The lectures were a novelty about Boston, and it was not always convenient to procure subjects suitable for demonstration. When the resurrection men failed him, Warren used to advantage material from the hospital—arms, legs, etc., procured after operations. It is said that Warren never wrote out a course of lectures and seldom used notes. His style was forceful when unaffected, and had an originality which made a great impression upon his pupils. He was so alive to his subject that he seldom failed to carry conviction to the minds of his hearers". When some French surgeons came to this country, Warren soon acquired sufficient knowledge of the language to take advantage of the books they offered him. He studied Sabatier's "Anatomy" till he was thoroughly posted in all it contained, and so he made his lectures more regular and uniform. The first lectures were attended by about twenty students and "those members of the two senior classes at college who had obtained

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[For permission to publish this article, which is taken from Dr. Viets's book, "A Brief History of Medicine in Massachusetts", we are indebted to the author and to the publishers, Houghton Mifflin & Co. A review of the book will be found elsewhere in this issue. Ed.]



**The Harvard Medical School Buildings and Environs, November, 1930.**

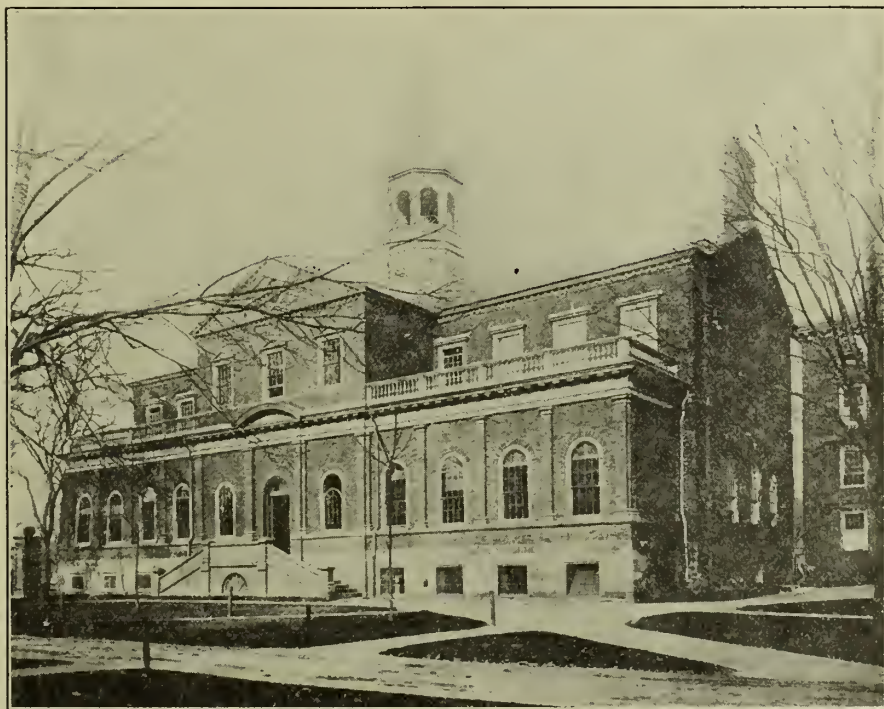
The middle foreground between Francis Street and Van Dyke Street is occupied by the Peter Bent Brigham Hospital, with the House of the Good Samaritan on the left. Beyond, and to the right of the Good Samaritan, is the Carnegie Nutrition Laboratory. From this point, going from left to right along Van Dyke Street, are the new Rader Neurological Building of the Children's Hospital, the foundations of a new contagious unit for the Children's Hospital, the Harvard School of Public Health (formerly the Infants' Hospital), and the Harvard Medical School. Returning to the left of the picture, beyond the chimney of the power house is seen the new Nurses' Home of the Children's Hospital; to the right across Longwood Avenue, the Children's Hospital; beyond it, Vanderbilt Hall, further to the right, the Medical School, with the Boston Lying-In Hospital beyond. Just above the Medical School may be seen the Harvard Dental School, with the Massachusetts College of Pharmacy across Longwood Avenue.



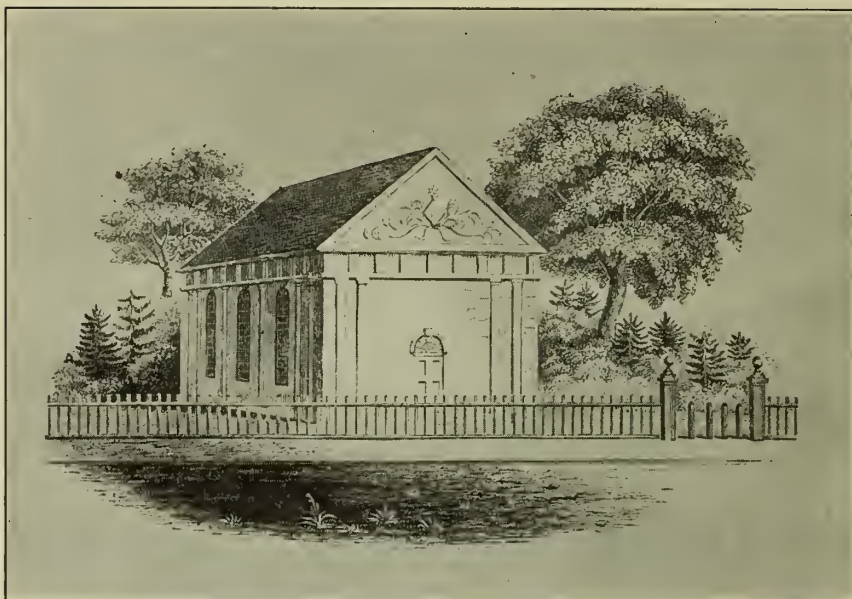
their parents' consent." The lectures were often two or three hours long, a heavy strain on Warren in addition to his large practice. We have mentioned, also, the difficulties in travelling from Boston to Cambridge. Part of the time Warren could use the Charlestown Ferry to Cambridge, but when it was impeded by ice he had to take the long route through Roxbury and Brookline. Apparently he felt that the work was too much for him, for twice he offered to resign, but he was prevailed upon to retain the position.

Waterhouse, on the other hand, lived in Cambridge, and his practice was not as extensive as that of Warren. Born in Newport in 1753, he left that town on the last ship sailing in 1775, on his way to study with his uncle, John Fothergill, the leading practitioner of London. Fothergill sent the young Waterhouse to Edinburgh, where he studied with Cullen, Black, and Monro. Returning to London, Water-

house entered the family of Fothergill and continued the study of medicine as well as experimental philosophy, mineralogy, and botany for three years. Subsequent to this period, he went to the University of Leyden, then the leading medical school of the world, where he spent four years, being graduated in 1780. When he returned to Newport in 1782, he was probably the best-educated physician who had ever come back from Europe to this country. He was only twenty-nine years old, but in spite of his youth he was elected to the Chair of the Theory and Practice of Physic. In trouble from the start, not only with his associates at the Medical School, but also with the Boston practitioners, Waterhouse seems to have had an unfortunate feeling of superiority, due to his long training in Europe, and he adopted a pedantic manner which brought upon him only ridicule and enmity. The relations between Waterhouse and Warren



Harvard Hall, Cambridge, 1782. The First Lectures Were Given in This Building.



Holden Chapel, Cambridge, 1783. Occupied As Soon as It Could be Fitted  
After the Opening of the School.

were often strained and, strange as it may appear to our ears, they accused each other of deceit, double-dealing, lying, and slander. It often required a vote of the Corporation to keep the two from personal encounter.

In addition to Waterhouse's lectures in medicine, he gave courses on natural history, mineralogy, and botany, from 1788 on. These lectures are said to have brought him more reputation than his lectures in medicine. In 1788, Waterhouse also published a synopsis of his lectures on theory and practice, at the same time resigning from the School. Subsequently he withdrew his resignation and kept on, although he, apparently, was far from satisfied with his position. His real interests were more in botany and natural history than in medicine. While in Europe, he had met John C. Lettsom, who became Fothergill's successor in London. From Lettsom, Waterhouse received a splendid collection of minerals and other natural history specimens which formed the basis for the

Natural History Museum at Cambridge. Waterhouse also established the Botanical Gardens. All his work up to this time, however, seems to have been relatively insignificant compared with his vaccination experiments begun in the very last year of the century. This work, in some ways more important than anything that had been done in American medicine before its time, will be commented upon subsequently.

While Warren and Waterhouse were having their difficulties in Cambridge, the College was also in conflict with the Massachusetts Medical Society in regard to the rights of bestowing medical degrees. The Medical Society, in their charter, had the authority to examine candidates and to grant certificates of competence in medical knowledge. The interests of the two, however, were too closely allied to admit of a very serious conflict, and the matter was settled, after many committee meetings, by having both give an examination. The first graduates of the Harvard Medical

School were George Holmes Hall and John Fleet, who received their degrees of Bachelor of Physic in July, 1788. This degree was granted until 1811, when it was changed to M.D. Later Hall and Fleet were examined by the Massachusetts Medical Society, in addition, and were accepted as fellows.

One of the problems which perplexed the School in its early days was its inability to find clinical material. Fortunately, Waterhouse was not interested in the clinical aspects of medicine, and his lectures were entirely theory; he thus avoided the need for clinical material. The only patients seen in the early days by the students were those of John Warren. The first lectures were given in the basement of Harvard Hall; later in the rooms fitted up in Holden Chapel. It was not until some years later that clinical work was arranged through the Boston Almshouse, situated on Leverett Street, where about fifty patients were cared for. Warren and Dexter taught in the Almshouse, the privilege coming through Warren, who had been visiting physician there for many years. Waterhouse apparently had some position at the Marine Hospital, established in Charlestown in 1803. These two hos-

pitals, with the Boston Dispensary, incorporated in 1801, in addition to a few beds at the State Prison at Charlestown, erected in 1805, were the only clinical facilities for the medical students of the time. The School progressed rather feebly through these early years and was not finally re-organized and set upon its feet until 1811.

By 1810 it seemed desirable to move the Harvard Medical School from Cambridge to Boston, where the new hospital was to be built, and rooms were found in a building formerly used by John Collins Warren as a private dissecting-room, and by John Gorham for his lectures on chemistry. By this time John C. Warren and James Jackson had been added to the original staff of three members. The School prospered, and six years later it was decided to erect a building for it on Mason Street. The same year, Aaron Dexter, one of the original teachers, resigned, and John Gorham was chosen in his place. Gorham had studied medicine with John Warren and was graduated, Bachelor of Medicine, in 1804. After spending two years in Europe, he returned to Boston to study with Dexter in chemistry. He was one of the founders of the *Medical*



The Building on Mason Street, Boston, 1816. The First Constructed Especially for the School.





The Building on North Grove Street, Boston, 1847-1883. On Land Given by Dr. George Parkman, Adjoining the Massachusetts General Hospital.

*Journal*, established in 1812, and was also associated closely with his friend, James Jackson.

The Harvard Medical School at this time and, as a matter of fact, up to 1868, was really a private medical school, and most of the fees from students went into the pockets of the individual teachers. Supplementary to it there were numerous private schools which gave summer or graduate courses. As early as 1827, Walter Channing advertised a course of lectures on midwifery during the summer months. Other courses were given by teachers connected with the School, such as those offered by John C. Warren and George Hayward. Another very strong and popular school was formed by Walter Channing, John Ware, and others; later, Oliver Wendell Holmes and James Jackson served on the staff. The pupils were allowed to use the Massachusetts General Hospital. Channing at the time (1834) was Dean of the Harvard Medical School, but this did not prevent him from giving courses in his private school.

The Harvard Medical School had never

lacked in clinical facilities. As far back as 1810 the students were allowed to use the Boston Almshouse by the Overseers of the Poor of Boston, as well as the Boston Dispensary. Both of these institutions were governed by teachers of the staff of the School. After 1821, when the Massachusetts General Hospital was established, patients for teaching became even more numerous and, under the guidance of James Jackson and John C. Warren, students had free access to the Hospital.

The greatest reform in medical education in this country took place about 1870 at the Harvard Medical School. It was due to the instigation of the recently-elected President of Harvard University, Charles W. Eliot. He saw at once the defects of medical education at the time and in his report of that year stated: "The whole system of medical education in this country needs thorough reform." He was particularly insistent that the course should cover three years, be progressive in character, and have both winter and summer sessions. There was considerable opposition to his views by the Medical Faculty, the leader being Henry J. Bigelow, who





The Medical School, 1883-1906. "Expected to be the Home of Medicine for Generations."

took the conservative point of view "that physicians are born, not trained, and that the same applied more strongly to surgeons." Oliver Wendell Holmes, in a letter written in 1870, gives an amusing description of the new President of Harvard University dealing with the older members of the staid and conservative Medical Faculty:

I cannot help being amused at some of the scenes we have in our Medical Faculty,—this cool, grave young man proposing in the calmest way to turn everything topsy turvy; taking the reins into his hands and driving as if he were the first man that ever sat on the box. "How is it, I should like to ask," said one of our number the other day, "that this Faculty has gone on for eighty years managing its own affairs and doing it well,—for the Medical School is the most flourishing department connected with the College,—how is it that we have been going on so well in the same orderly path for eighty years, and now, within *three or four months*, it is proposed to change all our modes of carrying on the School? It seems very extraordinary, and I should like to know how it happens."

"I can answer Dr. ———'s question very easily," said the bland, grave young man: "There is a new President."

The tranquil assurance of this answer had an effect such as I hardly ever knew produced by the most eloquent sentences I ever heard uttered. Eliot has a deep, almost melancholy-sounding voice, with a little of that character that people's voices have when there is somebody lying dead in the house, but a placid smile on his face that looks as if it might mean a deal of determination, perhaps of obstinacy. I have great hopes of his energy and devotion to his business, which he studies as I suppose no President ever did before; but I think the Corporation and Overseers will have to hold him in a little, or he will want to do too many things at once.\*

\*Harrington, R. F.: "The Harvard Medical School", 1905, p. 1023.

The School was reorganized along the line suggested by President Eliot. Teaching was taken out of the hands of individuals who had collected private fees, the course was enlarged, entrance examinations were made more rigid, and the School was put on a sound basis. In 1883 the Harvard Medical School made another move to a new building on the corner of Boylston and Exeter Streets. The course was changed to one of four years. The School remained at that location until 1907, when it moved to the present buildings.

# The Students' Health Department at the Harvard Medical School

BY REGINALD FITZ, M.D.

FOR four years, now, I have been Physician to Students in the Medical School. Perhaps it may be of interest to the alumni to hear something of my experiences in this rôle and to know how a medical student's health at our School is at present safe-guarded.

Until five years ago no special system had been evolved by which any single member of the Faculty knew or cared much about the physical well-being of our men. To be sure, there was a Physician to Students who saw a certain number of them more or less perfunctorily, but his office was hidden away in a remote corner of the School, and his work received scant interest or support from anybody. In 1925, largely owing to Dr. E. P. Joslin's enthusiasm, with a Faculty vote to require a yearly physical examination of all students, there began a new era.

At first the physical examinations were conducted at the Deaconess Hospital, under the supervision of Dr. Roger I. Lee, and were done voluntarily, or practically so, by various graduates *pro bono publico*. In the spring of 1927, my chief, Dr. Henry A. Christian, summoned me one day to a conference with him and Dean Edsall. They proposed that I should become responsible for the supervision of the annual physical examinations of the student body and also that I should become the Physician in charge of Students' Health. Sufficient School funds would be allotted to me with which to experiment in the construction of a new department that might some day become a useful adjunct to the School. I could run the affair as I liked, the only stipulation being that an effort should be made to turn the annual physical examinations into a kind of teaching exercise, so that each of our men on graduation might have some conception of what

was meant by a "periodic health examination," and of its value as judged in his own case over the period of his Medical School life.

After further discussion, it was decided to have the physical examinations made as far as possible by students. The manner in which this was accomplished has been described already.\* To sum up very briefly—in the fall about twenty members of the fourth-year class are invited to volunteer as clinical assistants. By this time they have had a considerable experience in taking histories and making physical examinations in the wards of the various hospitals, and their clinical observations are incorporated as a part of the permanent hospital records. The men invited are chosen as being men of better than average ability and enthusiasm, also as being honest, loyal, conscientious students whose integrity and reliability are undoubted. These men examine the first and second classes. They quickly become proficient in the work and appear to enjoy it. The third- and fourth-year men examine one another, the fourth class examining the third class and *vice versa*. Each member of the three junior classes, therefore, is guaranteed each year a careful overhauling by a well-trained examiner; the fourth-year men are, perhaps, not so carefully examined, but, as they have been observed for a long period of time, any new or striking physical abnormality that may have developed is usually recognized without difficulty. Moreover, to insure against mistakes and possible dissatisfaction, any student who so desires can make an appointment to be seen by one of my older assistants.

Each student on admission to the School

\*Fitz, R.: "Periodic Health Examinations as Part of a Medical Student's Curriculum." *J. A. M. A.* 92, 1645-1648, May 18, 1929.

fills out a history-form which summarizes his personal medical experience, to date, and this is kept up year by year. The actual examinations are carried out in the rooms of the Medical Out-Door Department of the Peter Bent Brigham Hospital and are made in identical fashion. Groups of not more than thirty men are examined at a time, the examinations being conducted three evenings a week at the beginning of the School term between the hours of seven and ten o'clock.

When a student's physical examination has been completed and written up on a special form by his student examiner, the important features are checked by one of my older and better trained graduate assistants. Possibly a systolic murmur is demonstrated and its significance discussed, or the alleged râles at the right apex may be shown to be due to muscle sounds. Finally, any recommendations in regard to more specialized studies are taken up. Perhaps a man needs skin tests for asthma, a metabolism test, a correction of posture, or advice in regard to the regulating of the bowels, or as to what kind of food should be eaten. All of these matters are duly considered. At last the examiner signs his name to the record, as does the man who checks the examination, the subject puts on his clothes and goes home, or to work, while his erstwhile examiner proceeds to undress.

Such laboratory work as is indicated is carried out. As a routine, the urine of each student is analyzed and a hemoglobin determination made. When albumin or sugar is found, the subject is asked to report again on another evening. If necessary, studies of renal function, chemical tests of the blood, differential blood counts, or any other laboratory studies are made later.

In order to guarantee each man an adequate examination, the services of various consultants are sometimes required. There is, therefore, in connection with our Students' Health organization a consultation service which includes an ophthalmologist, ear, nose, and throat specialist, der-

matologist, orthopedic surgeon, general surgeon, genito-urinary surgeon, radiologist, and neuropsychiatrist. These consultants see such students as are referred to them officially by the Health Department. The consultant's report is returned to our office and added to the student's record. If any definite line of treatment is prescribed this is carried out as far as possible. Thus the various problems that arise in connection with students' health are well centralized; complete records are kept and all medical information in regard to our men is easily available.

We have followed this plan of conducting the physical examination for four years now, and I am sure that Dr. Harry Blotner and Dr. John M. Flynn, who have helped me to work out the present method, are as enthusiastic over its usefulness and accuracy as am I.

If a single person has at his finger-ends the complete medical records of a group of several hundred supposedly healthy young men who have been followed closely for a period of four years, he is sure to run across a certain amount of very varied, more or less serious, and oftentimes unsuspected organic disease. This has been true in my experience as Physician to Students.

The matter of tuberculosis has worried so many people for so long a time that since the outset of my dealing with our students' health, a determined effort has been made to recognize this disease as early as possible. X-rays have been made in the case of each man under weight for his height and age, with a family history of or contact exposure to tuberculosis, with an antecedent history of pleurisy, or with the least suggestion of anything abnormal in the way of physical signs: even as a graduation present, in the case of a certain number that have asked for it in their fourth year, just to have the data on file. By this plan we have so far X-rayed the chests of 417 medical students. We have encountered surprisingly little active tuberculosis. When I first took over these examinations there were in the School two



active cases of pulmonary tuberculosis inherited from previous years, and one of these, with due care and a period of time away from School, was able to get his degree. A good many cases with the calcified lesions of an old healed process have been encountered, and men with these findings have been re-X-rayed from year to year. So far no one of this group has developed signs of activity during his Medical School course.

Certainly tuberculosis does occur among medical students, and it may occur with disheartening suddenness. I have in mind two strapping youths without antecedent history of tuberculosis or exposure to it, in the pink of condition in the fall when their physical examinations were carried out, and with negative chest rays, who developed a few months later pleurisy with effusion. On the whole, however, tuberculosis so far has proved to be of relatively negligible importance amongst our undergraduates nor has it developed except rarely, as judged by follow-up cards, in any of the men who have been examined by my group since the fall of 1927.

In our medical student clinic there has been recognized, however, a surprising variety of other chronic medical conditions. Heart disease, usually of rheumatic origin, but including one boy who appears to have the congenital lesion of coarctation of the aorta and, by the way, this unusual diagnosis was first made by a fourth-year student. Hypertensive vascular disease in its early stages. Disease of the central nervous system, including organic lesions both of brain and cord. Gastro-intestinal disease, including several unquestioned duodenal ulcers. Gall bladder disease. Arthritis. Renal disease ranging from orthostatic albuminuria to chronic interstitial nephritis, or from pyelitis to renal calculi. Such diseases of unknown origin as hemolytic jaundice, exophthalmic goitre, or hypothyroidism. One boy thought he had diabetes and gave us all—especially himself—a good deal of worry. But the diabetes proved to be due to the sugar which

a jocose friend had placed in the specimen bottle. One boy found tubercle bacilli in his own sputum during the course in bacteriology, and this discovery was verified by his instructor, Dr. F. B. Grinnell. But we could never find physical signs or radiological evidence of the disease and we gave the man his degree last June with a clean bill of health. And then, of course, there are the less serious infirmities that plague mankind and are often of a more strictly surgical nature: hernias, hemorrhoids, hydroceles, phimoses, wens, and warts, a breast tumor in one case, diseased tonsils galore, and so on. I am glad to say that in all my experience so far, I recall only one case of acute venereal infection, and I doubt if there have been many others.

Two pertinent questions arise in connection with this narration of diseases discovered among medical students as the result of a routine physical examination. The first question is: Should students with any sort of a serious chronic disease be allowed to remain in the School after the disease is once recognized? And the second is: How should boys who need medical treatment be cared for?

In the first matter, one can be hard-boiled or soft-hearted. One can say that with so many candidates from whom to choose to fill up our School, and with health so important an asset for a doctor, all men who are crippled by a chronic and eventually progressive disease should be asked to leave the School as soon as their physical infirmity is detected. On the other hand, there are so many good doctors with physical ailments of one sort or another who are doing useful work in our profession that we might easily fail to graduate some of our most brilliant students were we to become too rigid in the matter of health inspection. I am not entirely clear in my mind as to how this question should be answered. For the last four years the School, officially, has not asked any student found to have an organic disease to withdraw on this account. The suggestion was made to one boy that he re-



sign voluntarily. He neglected to follow the suggestion, however, and is now working along happily, setting a gallant example of courage and fortitude to his fellow-students, and apparently weathering the strain of School life without harm.

In regard to the second matter, an effort has been made to guarantee to any student needing it the best of medical care. One of my staff has office hours each day in rooms properly equipped for the purpose on the ground floor of the Administration Building. Here he sees all students who care to see him.

One has no idea how much work is entailed in trying to give sensible medical advice to a group of about 500 young men, most of whom are healthy and many of whom are neurasthenic. For the last four years, each day during the School year the member of my staff on duty in the office has seen an average of eight men a day, and in addition there has been a certain amount of emergency work to be attended to outside of hours. The men with chronic lesions known to need watching report at regular intervals. In addition, there are the men with various acute illnesses that are bound to crop out in any crowd of young folk during the course of a school year.

One sees an extraordinary variety of ailments: such as colds, sore throats, sinus infections, scarlet fever, measles, mumps, chicken-pox, pneumonia, herpes, boils, epidermophytosis, or some other acute skin condition, constipation, diarrhoea, catarrhal jaundice, appendicitis, infectious mononucleosis, undue introspection, or perhaps something more formidable in the way of a nervous breakdown, fractures, sprains and black eyes from the Vanderbilt gymnasium, and even one man, I remember, who absent-mindedly stepped in front of an automobile on his way to School one day and got run over, with ruination to his clothes but without injury to himself. During my time of service I have enjoyed the work ever so much. It may be time-consuming and strenuous, but it usually has its humor-

ous aspects, and one gets to know a good many men, and their wives and children too, very closely, and develops a friendly, personal relationship with the student body which is delightful.

In the event of a man's being sick enough to need hospital care, he can be admitted directly to the Peter Bent Brigham Hospital. I think our most dramatic record for efficient service has been to make a diagnosis of acute appendicitis in Vanderbilt Hall and see it verified at operation as a gangrenous one in the Brigham Hospital operating room twenty minutes later.

Our men have gone to the public wards in either medicine or surgery, being treated like all other patients and receiving no special privileges of any sort. I can recall only one man who under these circumstances failed to comport himself with dignity, and I think he later felt sorry for having injured the School in the eyes of the hospital.

The students are not charged for their physical examinations, and these include whatever is indicated in the way of consultations or special radiological or laboratory studies. The School physician who sees them each day, also does so without charge. In the event of hospitalization, however, the student must pay the hospital the full ward-rate for the care received and has done so from his own pocket until this year. Now, thanks to the Alumni Fund, a needy student can be helped in defraying his hospital bill. This action on the part of the trustees of the Alumni Fund in allowing money to be so employed is much appreciated, for, in a whole year, there may be a very considerable amount of sickness, and sometimes it may be much more costly than our students can afford to pay.

I began this student health work with peculiarly little enthusiasm, but as I keep on with it I feel more and more impressed with the feeling that the department is destined to play an increasingly important part in the affairs of the Medical School. At present, certainly, it fills a much needed place as judged by the number of men who

use its professional facilities in the course of a year. From the viewpoint of research, too, it has a field. Recently I have sent follow-up post cards to all men who have left the School since the department was placed in my charge. The information obtained in the replies is so much more intelligent and so much more complete than that ordinarily acquired by follow-up cards as to make me feel confident that the medical data obtained about the men while in School will prove of increasing interest when correlated with what happens as time

goes on. A very interesting exercise on certain aspects of preventive medicine, for example, now could be constructed easily from a careful analysis of the type of casualties encountered in the Medical School. There is an opportunity for studying the development of chronic disease, also, and this will become more impressive and evident, I hope, as the years roll by and time begins to scar our students, each one of whom has had a careful preliminary period of medical observation during his School life, and has been followed up at intervals ever since.

## Medical School Alumni in Rhode Island

BY ALEXANDER M. BURGESS, M.D. '10.

IT is often prudent to begin a new enterprise in a small way. In publishing from time to time articles summarizing the occurrence and activities of alumni in various States or sections of the country, it is perhaps well for the BULLETIN to begin with Rhode Island, the smallest State of all. With an area of only 1,248 square miles and a population of 716,000, 286,300 of whom live in the city of Providence, and the majority of the remainder in the adjoining cities of Pawtucket, Cranston, and East Providence, we are in reality dealing with what is in essence one large municipal area and a few outlying communities. Without a medical school of its own, since the closing of the Medical Department of Brown University in 1828, Rhode Island has not presented great attractions to those of our graduates whose tastes have turned them toward the field of investigative medicine. Yet with Newport, the "cradle of American Medicine," within its borders, and a rich tradition in the field of practice from earliest colonial times, with its present excellent hospitals, the famous Municipal Health Department and District Nursing Association in Providence, Brown University, and other educational institutions, thriving district and State medical societies, to name a few of the more obvious advan-

tages, Rhode Island has something to offer to the doctor.

Of the 799 physicians registered in Rhode Island, 134 are Harvard men. This is the largest delegation from any medical school. Tufts is second, with 103. On the whole, Harvard men have settled in the urban rather than the country districts. Of the 489 physicians of Providence, 99, or 20.3 per cent., are Harvard men, while of the 310 doctors outside Providence, 35, or 11.3 per cent., are Harvard men; 57.5 per cent. of our graduates in Rhode Island are fellows of the American Medical Association.

It is difficult to give an estimate of the work of the men in this State except to record the general impression that the high ideals which we hope are characteristic seem, for the most part, to be upheld, and that our men are working, here as elsewhere, shoulder to shoulder with the best of the graduates of other institutions. They are well represented in every field of medical endeavor. In the opinion of the writer there are eight specialties in which a real leader can be picked. These are surgery, internal medicine, neuro-psychiatry, anaesthesia, hospital administration, public health, and roentgenology. In four of these, surgery, neuro-psychiatry, hospital

administration, and roentgenology, the men who are, in the writer's judgment, the outstanding leaders are Harvard men.

A fairly good criterion of the type of work that a group of medical men is doing in a community is found in its representation on the staffs of the hospitals where the best clinical work is being done. The Rhode Island Hospital, with a total of 213 physicians on its active and consulting staff, shows 63 Harvard alumni, which is 29 per cent. The Providence City Hospital staff of 139 men includes 34 Harvard men, or 24 per cent.

To supplement the foregoing general statements, one is tempted to particularize and to laud as far as possible the achievements of individuals. To do this, however, is indeed a risky business if names are to be used, and the maker of such an honor roll of the "great and near-great" must needs have more courage than is required by those who form the mythical "All America" football elevens. Lacking this, the writer will omit almost all mention of the names of active practitioners and will confine himself to guarded remarks concerning their activities.

One name, however, must be dwelt upon. Upon the death, last August, of Ara M. Paine, M.D., of Woonsocket, who was a member of the Harvard Medical School class of 1861, Dr. Rufus Herbert Carver, of the class of 1870, became our oldest living graduate. It is a privilege to bear witness to his prowess, the dean of Rhode Island obstetricians for more than a quarter of a century. Dr. Carver was born in Taunton, Mass., in 1849, and in his youth was considered too frail to go to college. Nevertheless, he completed his course in the Harvard Medical School and even before his graduation worked among the people of Pascoag in northwestern Rhode Island. He began his active obstetrics in association with Drs. Capron and Perry, and, working especially among the mill population, saw a great deal of active service under very primitive conditions. The three associates delivered more than 600 babies a year

while they worked together, and from Dr. Capron particularly, himself the leading Rhode Island obstetrician of his day, Dr. Carver acquired a training which later made him the leading consultant in his field and the teacher of that excellent group of Rhode Island obstetricians who are now at the height of their careers. All who have worked under him speak with admiration of the grace and dexterity of his hands, "like those of a woman," and of his surpassing skill in the use of the forceps. He retired from active practice in 1925.

Born in the same year with Dr. Carver, but graduated from the Medical School two years later, in the class of 1872, Dr. Julian Augustine Chace of Pawtucket holds a double honor, for, having passed fourscore years, he is both the oldest alumnus in active practice and the president of the Rhode Island Medical Society. Next to him in order of seniority stand Drs. Sheffield Smith and William R. White of 1877. Passing onward down the list, the writer sees the names of many men who, because of personal friendship and admiration, he is tempted to name. Avoiding with difficulty this temptation, he will make mention of three only whose position in affairs outside the realm of active practice makes such mention permissible. They are John M. Peters, '87, since 1889 the superintendent of the Rhode Island Hospital, Arthur H. Ruggles, '06, superintendent of the Butler Hospital, and Charles H. Holt, '06, just reelected for the fifth time mayor of Pawtucket.

#### THE TREASURER'S APPEAL

It is well to remind the readers of the BULLETIN that the treasurer is in constant need of funds. It might be interesting to let the alumni know the comparison with last year of the response to the first appeals for \$1.

One thousand appeals were sent out in September, asking for \$1 from a list of younger alumni. In two months, 393 favorable replies have been received—not quite



40 per cent. Last year at this time 616 contributors had replied. That is, we are this year 37 per cent. behind in our \$1 collections as compared with last year.

We ask only for \$1 from these first appeals, and the treasurer would appreciate it if those who have not replied will kindly forward some form of contribution at their earliest convenience.

Respectfully submitted,  
AUGUSTUS THORNDIKE, JR.,  
*Treasurer.*

### OPPORTUNITIES AND PLACEMENTS

The following is taken from the report of the Director of Scholarships, Loans, and Employment, 1929-1930:

#### GRADUATE APPOINTMENTS.

Applicants,	23
Opportunities,	58
Placements,	6

#### ANALYSIS OF OPPORTUNITIES AND PLACEMENTS.

	Opportunities	Placements
<i>Institutional</i>		
State Hospital, residency,	4	1
County Hospital, residency,	1	0
Private Hospital, residency,	19	1
Private Hospital, superintendent,	2	0
Rural Hospital, Commonwealth Fund,	6	0
<i>Clinics</i>		
Mental Hygiene,	2	0
Private,	2	0
Public Health,	2	0
General Practice,	10	1
Industrial,	5	0
Insurance,	1	1
Grenfell Mission,	1	0
School Physician,	1	0
Ship Surgeon,	1	1
Camp Physician,	1	1
Total	58	6

GEORGE P. DENNY, M.D.,  
*Director.*

November 1, 1930.

### VANDERBILT CLUB DUES

To the Editor:

When people are dissatisfied, it is either because they do not understand fully all the circumstances attending a situation,

or for the reason that someone is in error. It is safe to say that the first condition was in a large part responsible for the dissention among the medical students against paying the annual \$10 dues to the Vanderbilt Club.

The students last year paid a total of \$5,200 in dues for offsetting a possible deficit in the dining hall balance. An actual loss of \$2,100 had been incurred; \$1,000 had been turned over to the House Committee to use as it decided. There remained some \$2,000 which had been credited as an item for "breakage and general depreciation."

Several pertinent questions arose as a result of this last phrase in the statement of Mr. Endicott, the Comptroller. In the event of a decreasing deficit during the current year, could this "breakage and general depreciation" be expanded to eat away the larger part of our dues? If the dining hall made a profit would we still have to supply funds for this portion of the expenses? In other words, would we need to continue paying dues if the dining hall emerged upon a profitable basis?

Speculation, concerning the answers to these questions, ran rampant among the students, and a petition was signed by a sufficient number of Club members to call a meeting for a consideration of the queries. The main action taken was to vote that the House Committee meet with Mr. Endicott and attempt to reach a definite decision regarding the \$10 dues and their disposition.

The discussion that took place between Mr. Endicott and the House Committee on November 18 was most illuminating. It revealed that the Medical School Dining Hall is privileged in several respects. Whereas the members of other Harvard dining clubs must sign for a certain number of meals each week, we have the prerogative of paying only for the meals eaten, be it one or twenty each week. Also, our dinner and luncheon are each five cents less than those of the other clubs.

The item for "breakage and general de-



preciation" was for a surplus used to replace the Dining Hall equipment. This fund already amounted to \$5,000, and would be increased gradually to \$10,000. During the current year \$1,500 would be added to this amount. If the Dining Hall recorded a profit, it would be contributed toward this surplus, and, if not, this amount would be deducted from the dues. Whatever remained of the dues would be returned to the members at the end of the school year. There seemed a good possibility that the whole sum would be refunded.

The Dining Hall has been enjoying a large increase of patronage as a result of the new addition to the Dormitory. In view of this fact, Mr. Endicott assured us that if the Dining Hall paid expenses this year, and only the item for "breakage and general depreciation" would have to be paid from the dues, he would not assess the students next year.

The members of the Vanderbilt Club are generally satisfied with the outcome, and yet the discussion only revealed facts already existent, but unknown to us.

ROLF LIUM, '33.

#### TUBERCULOSIS AMONG STUDENTS

To the Editor:

I have read with interest Dr. John Steidl's article and your editorial on the subject of "Tuberculosis Among Students" in the Harvard Medical School ALUMNI BULLETIN. I quote the following: "The newer teaching of the tuberculosis experts is that, properly taken and properly interpreted, X-rays will often reveal pulmonary tuberculosis before it has reached a stage where it produces any physical signs and while it is most amenable to treatment."

I would distinctly disagree with this statement and would be backed up in this feeling, I am sure, by 90 per cent. of the tuberculosis men in this country. With the exception of hilum tuberculosis in childhood, in which I am convinced that Dr. Henry D. Chadwick has demonstrated that

the X-ray is the best means at our disposal for making a diagnosis, and at that age diagnosis and treatment should go hand in hand, the X-ray has been, and always will be, an aid and an adjunct to the physician in his regular physical examination. It *never* can and *never* will take the place of a careful physical examination and, of infinitely greater importance, a careful history and a sizing up of the constitutional signs and symptoms.

While, therefore, I agree that it would be a splendid thing to have an X-ray taken of every medical student on entrance to the Medical School and once a year, this would be doing simply a half-baked job. The only proper thing to do would be to insist on a thorough physical examination including a general history by the student's family physician, with, of course, an X-ray. When the time comes when you give adequate instruction concerning tuberculosis at the Harvard Medical School (which I maintain is not done at the present time and never has been done to any appreciable extent) you will get the students to realize the value of a yearly physical examination, not only to find out whether or not they have tuberculosis but also to find out all sorts of other things as well. To get this point, namely, the need of an annual physical examination, across to the public, and to get the general practitioners to realize that this is one of their biggest functions in life, I consider to be one of the most important matters the medical profession has before it. Doctors must be made to realize, as well as patients, that to see a patient when he or she is perfectly well and strong and to make sure that this is the case is an infinitely better thing to do than to see them when they are sick and then try to cure them.

JOHN B. HAWES, 2D.

[We did not state, nor wish to imply, that X-rays should take the place of the annual physical examinations which have been carried out on the medical students annually for the last four years under the able direction of Dr. Reginald Fitz (see page 12). Our contention is, and apparently Dr. Hawes agrees, that *routine* X-

rays of the chest would be a valuable adjunct to the annual examination. We feel that this procedure is even more clearly indicated under the present system by which a good deal of the examining is carried out by the students on each other with only supervisory "checking-up" by a graduate physician. Ed.]

## Books by Members

**I**N this column will be reviewed from time to time books written by or of special interest to members of this Association. Any books received for review will later be turned over to the students' library in Vanderbilt Hall.

**"A Brief History of Medicine in Massachusetts."** By Henry R. Viets, M.D. '16. Houghton Mifflin Co., Boston and New York. Price, \$4.

Elsewhere in this issue we have, with Dr. Viets's kind consent, quoted certain parts of his book having to do with the history of the Harvard Medical School. Having dissected out, so to speak, a page here and a paragraph there and pieced them together to make a story, we were struck by two facts, namely, that the history of the School could not be considered apart from the history of the community into the life of which it was so closely interwoven; and secondly, that the School as an institution played a relatively minor rôle even locally until young President Eliot took the helm in 1870. It would therefore be unfair to judge the book as a whole from the passages which we have selected. Of even greater interest to us is the description of medicine in the early colonial period, when it appears that doctors of medicine were extremely scarce in this country, but a modicum of knowledge of medicine was expected of every well-educated man. Thus it came about that a great deal of the practice of medicine was carried on by the clergy and even by some of the colonial governors, notably Governor Winthrop. In this little book Dr. Viets has sketched in a very interesting way the development of medicine in Massachusetts from the days of the preacher-physicians to the present. Entirely without scholarly

pretense, it offers little that is new to the student of medical history, but to the casual reader it provides a fascinating account of the rich heritage of medical tradition which has come down to us.

**"Selected Readings in the History of Physiology."** Edited by John F. Fulton, M.D. '27, formerly Fellow of Magdalen College, Oxford, now Sterling Professor of Physiology, Yale University School of Medicine. Charles C. Thomas, Springfield, Ill., and Baltimore, Md. Pages, 306. Price, \$5.

The need for a handy source-book of physiology has been vaguely felt for some time by students of physiology and those interested in medical history. The inaccessibility of the original material has proved a stumbling block to many, for the writings of the earlier investigators have often been available only to the few who have had the zeal and the patience to follow obscure historical trails. Dr. Fulton is exceptionally well qualified to guide the casual student into this difficult terrain. Having long been interested in medical history, particularly in the development of physiological thought, he has been able to gather over a period of years a valuable collection of original source material. The cream of this material is reprinted in the text with exact references to its origin. Each quotation is preceded by a very brief biographical sketch of the author in which with truly Oslerian genius he makes his subject live again in all the atmosphere which surrounded the pioneer investigation. For illustrations he has unearthed an abundant collection of unfamiliar prints, original manuscripts, etc.

The most interesting feature of the book is the way the subject matter has been arranged. Instead of the usual chronological order he has quite appropriately adopted a physiological arrangement of his material, grouping it into subjects—e.g., circulation, respiration, digestion, etc., the quotations in each group being arranged chronologically. This unique method furnishes a perspective often lacking in medical histories. The earlier observations and

discoveries acquire new meaning when viewed in the light of subsequent developments in the same field. How much more significant Robert Boyle becomes when we follow the fruition of his ideas through Priestley and Lavoisier to Yandel Henderson and Joseph Barcroft rather than viewing him in juxtaposition to his contemporaries. And what a new light it sheds in turn upon those of our own generation who are carrying on the pioneer work. In this book the birth and growth of ideas take on by themselves the dramatic quality which de Kruif produced only by all too audible prompting of his Microbe Hunters. Dr. Fulton is to be congratulated. He has produced a volume which will not only prove of fascinating interest to the general medical public but will satisfy the most exacting scholar.

**"The African Republic of Liberia and the Belgian Congo."** A report of the Harvard African Expedition, edited by Richard P. Strong. Cambridge, Harvard University Press. London, Humphrey Milford, Oxford University Press. 1930. Dedicated to Harvey S. Firestone. With ten maps and more than 500 illustrations, reproduced from photographs and drawings. Members of the expedition were: Richard P. Strong, George C. Shattuck, Max Theiler, Loring Whitman, Joseph C. Bequaert, Glover M. Allen, David H. Linder, and Harold J. Coolidge.

This report is so comprehensive in its scope that space will not permit even an enumeration of the subjects discussed. Following an introductory discussion of the geography and the climate of Liberia, an account is given of the history of this republic from its settlement in about 1822 by freed American slaves up to the present time. The colonization of the country was brought about through the efforts of the American Colonization Society, founded in 1816. Soon after the declaration of independence in 1847, a constitution, modelled after that of the United States, was adopted, but the ambitions of the founders can not be said to have been realized to any great extent. Not only was the number of freed slaves provided for negligible, but throughout its history the country has

shown only slight progress, and, in fact, the continuance of its government appears to have been made possible only through the agency of large loans from foreign countries. The indigenous tribes, some of whom the author regards as of superior stock, appear to have suffered at the hands of the Americo-Liberians through both over-taxation and other forms of extortion, and have received little in return from the government in which they have no voice. Promise of better times for these people is furnished by the rubber-growing project of Harvey S. Firestone; and the payment of regular wages, together with the provision of sanitary and agreeable living quarters for the laborers, without doubt represents an important step in advance for these benighted people. The humanitarian aspect of the present-day situation in Liberia has received due attention, and conditions having to do with the welfare of the people are discussed in considerable detail. An interesting portrayal of the living conditions in Monrovia, the capital, a town of 5,000 inhabitants, and other similar coast towns, is furnished. Although little attention is paid to health and sanitation, Monrovia is pictured as having attractive features, especially in the beauty of its tropical vegetation. The prevalence of malaria and the periodic occurrence of yellow fever make this region unattractive to the traveler. The portion of the report dealing with the customs and characteristics of the various tribal groups, the "Bush schools," fetish doctors, trial by ordeal, leopard men, and the "pawning" of women and children, furnishes not only interesting reading but a great amount of information for one intending to visit this country.

The second part of Volume I, prepared by Drs. Strong and Shattuck, presents medical investigations in Liberia and the Belgian Congo. The discussion deals with a great number of tropical diseases and presents quite a different aspect of the subject from the cut-and-dried descriptions to be found in text and reference books. While no startling scientific contributions are fur-



nished, the general discussion of unsolved problems relating to tropical diseases, and the presentation of conditions which are quite unfamiliar to physicians of cooler climates should serve a definite end in medical science. Thus the question of the possible occurrence in the human being of species of blood flukes, in addition to those now recognized, is raised; evidence indicating the ability of several species of mosquitoes to transmit yellow fever is discussed; and the probable transmission by a species of "black fly," *Simulium*, of a peculiar form of filaria which causes subcutaneous, fibrous nodules in the human being is suggested. In a chapter devoted to the discussion of the possible identity of yaws and syphilis, the authors quote a formidable array of authorities for and against such identity, and finally adopt the noncommittal position of including all manifestations of this type under the term "treponematosi." A great variety of skin diseases are reported, and the horribly mutilating conditions known as "Gangosa" and "N'Gonde" are discussed and illustrated. Special chapters are devoted to sleeping sickness, plant diseases, and the animal parasites of man and lower animals.

Part 3 of Volume I is comprised of articles by other members of the Expedition and by special authorities who have worked on material obtained. A new species of fluke from the liver of the monkey and several new species of round worms are recorded by Sandground. An article devoted to blood protozoa and to the prevalence of human trypanosomiasis in Liberia is furnished by Max Theiler. Drs. Shattuck and Willis discuss the treatment of schistosomiasis (bilharziasis) with less toxic drugs than the more commonly employed tartar emetic which commonly causes disagreeable or even serious symptoms. The botanical report is accompanied by beautiful photographs illustrating landscapes, trees, plants, and also the ways in which botanical products are adapted to the uses of the natives.

The second volume is devoted largely

to the technical description of species of mammals, birds, reptiles, amphibia, and insects, each being taken up in a separate chapter. In the one on mammals by Glover M. Allen and Harold J. Coolidge, the reader will be interested in the account of the pygmy antelopes which attain about the size of a common rabbit, the pygmy hippopotamus, and the various ant-eaters. A special article on the gorilla has been prepared by Mr. Coolidge, who presents a great number of careful measurements and discusses the varieties of this great ape and their distribution. Glover Allen's chapter on the birds of Liberia furnishes interesting discussion of the effects of climate and geographical peculiarities on the distribution of the various types of birds. The portion devoted to the weaver birds deserves special attention. The birds collected in the Belgian Congo are discussed by Herbert Friedman.

Barbour and Loveridge in their chapter on the reptiles and amphibia of Liberia point out the paucity of literature pertaining to this field. Many of the reptiles obtained are the first to be recorded from this region, while the number of amphibia previously reported is more than doubled in the thirty-three species identified. The technical description of species is frequently accompanied by incidents and by notes on the conditions under which the specimens were obtained.

An important chapter on medical and economic entomology has been prepared by Bequaert. This article shows evidence of a great amount of painstaking work, and its perusal will provide information not furnished by other works available on medical entomology. Special and unusual forms are discussed by Brues, Alexander, Calvert, and Banks, while the report of the ecto-parasites of mammals is furnished by Ferris.

Mr. Whitman is to be congratulated on the beautiful photographs which illustrate the text, for they furnish a most valuable record of present-day conditions found in the region which the expedition visited.



It may be rather difficult for those accustomed to the ease and speed of modern travel to form any adequate conception of a trek of nearly 1,500 miles, made on foot, and over trails and incompleted roads. That this should have been accomplished without serious mishap or illness on the part of any of the members of the expedition furnishes a notable contrast to the experiences of the early African explorers.

E. E. T.

"The Doctor's Saddle Bag." By Joseph Garland, M.D. '19. Massachusetts Linotyping Corporation, Boston. 1930. Price, \$1.50.

This is a collection of essays which many of us have enjoyed reading as they came out in the *New England Journal of Medicine* during the last two years. The subjects of these essays are, as Dr. Garland points out in his preface, as miscellaneous as the contents of the saddle bag of the old practitioner. They include a variety of topics varying from a penetrating analysis of some broad medical problem to a whimsical discussion of flag-pole sitters and trans-oceanic flyers. To his subjects Dr. Garland brings a point of view which seldom finds expression in our generation, namely, that of the cultivated general practitioner. Clearly a literary descendant of Oliver Wendell Holmes, he at times approaches in nicety of phrasing and incisiveness of satire the genial Autocrat.

#### CAMERON PRIZE

The Faculty of Medicine of the University of Edinburgh has awarded its Cameron Prize for 1930 conjointly to George R. Minot, '08, M.D. '12, S.D. (hon.) '28, Professor of Medicine at the Harvard Medical School and physician-in-chief to the Collis P. Huntington Memorial Hospital, and William P. Murphy, M.D. '22, instructor in medicine at the School, for their work on the treatment of pernicious anemia.

#### JOSEPH VINCENT TAYLOR

Joseph V. Taylor, M.D. '21, died suddenly on November 14, 1930. He was born in Wisner, Neb., November 15, 1889, and attended the local schools before matriculating at the University of Nebraska, where he remained one year. His college education was completed at the University of Wisconsin, from which he graduated in 1916, and from which he received a master's degree in 1917.

During the World War, Dr. Taylor served as captain of infantry with the American Expeditionary Forces in northern Russia, in and about Archangel, and was the recipient of the Distinguished Service Medal.

He received his degree of M.D., *cum laude*, from the Harvard Medical School. After an appointment at the Harper Hospital in Detroit, he became bio-chemist to the Western Pennsylvania Hospital in Pittsburgh for a period of eighteen months. From March 1, 1923, to November 1, 1924, he was an interne on the first surgical service at the Boston City Hospital. The next two years were spent at the Boston Lying-In Hospital, first as interne, later as resident obstetrician, where his work was outstanding in its precision and attention to detail. On January 1, 1927, he took up the practice of obstetrics and gynecology in Boston, occupying positions on the visiting staff of the Boston Lying-In Hospital, and in the Department of Obstetrics of the Harvard Medical School up to the time of his death.

His devotion to duty and attention to detail, which had won for him high decoration while in military service, were equally displayed in his practice and in his academic and hospital duties, and his colleagues, friends, and patients mourn the passing of a stalwart and upright man.

THOMAS R. GOETHALS.

## OBITUARIES

Bates, Everett Alanson, M.D. '90, Springfield, Mass.; past president of the Hampden County Medical Society; on the staff of the Springfield City Hospital; aged 69; died January 24, 1930, of coronary thrombosis.

Campbell, John Robert, M.D. '25; was lost at sea, September, 25, 1930. After his graduation from the Medical School he served on the staffs of the Montreal General Hospital, the Thorndike Laboratory of the Boston City Hospital, and the Bellevue Hospital in New York. He was secretary and treasurer of his Medical School class.

Cliff, Leander Albert, M.D. '74, Boston; aged 82; died, December 1, 1929, of myocarditis.

Deinstadt, William McKay, M.D. '76; practised for more than fifty years at St. Stephens, N. B., and Calais, Me.; died at Vancouver, B. C., November 29, 1929, in his 82d year.

Fennessey, John Francis, M.D. '03, Boston; formerly Assistant Professor of the Theory and Practice of Medicine, Tufts College Medical School; served during the World War; chief of the medical service of the Carney Hospital, 1919-1928; aged 49; died, April 11, 1930, of hypertension.

Hall, William Dudley, M.D. '83, South Dennis, Mass.; member of the American Ophthalmological Society; aged 73; died February 12, 1930, of heart disease.

Harkins, Cornelius Patrick, M.D. '96, Springfield, Mass.; served during the World War; at one time connected with the U. S. Public Health Service, and the U. S. Veterans' Bureau; aged 60; died February 14, 1930, at the Mercy Hospital.

Harrington, Frank Abram, M.D. '87, Buffalo; aged 74; died in December, 1929, of endocarditis and bronchitis.

Hixon, Edwin Colfax, M.D. '97, Brookline, Mass.; aged 61; died January 9, 1930, at the Boston City Hospital, of coronary sclerosis.

Lawlor, John Charles, M.D. '15; died of pneumonia, December 8, 1930, at Dover, N. H., where he had practiced for 13 years.

Miller, Lester Colwell, M.D. '95, Worcester, Mass.; vice-president of the Massachusetts Medical Society, member of the New England Pediatric Society; formerly on the staff of the Memorial Hospital; aged 62; died, November 7, 1929, of heart disease.

Moore, Philip Patrick, M.D. '99, of Gloucester, Mass.; died in October, 1930; aged 65; member of the Massachusetts Medical Society; formerly city physician, school physician, and chairman of the Board of Health, Gloucester.

Perkins, Frederick, M.D. '92, Manchester, N. H.; member of the New Hampshire Medical

Society; served during the World War; on the staff of the Hospital Notre Dame de Lourdes; aged 65; died April 1, 1930, in Boston, after an operation for carcinoma.

Shaw, Thomas Pierpont, M.D. '77, of Lowell, Mass., died August 25, 1930, of valvular heart disease; aged 86; member of the Massachusetts Medical Society.

Stockwell, Charles Bliss, M.D. '78, of Port Huron, Mich.; died October 7, 1930, at Montour Falls; aged 79; member and past president of the Michigan State Medical Society; past president of St. Clair County Medical Society.

## ALUMNI NOTES

1887

Dr. Howard Lilienthal has been elected Commander of Caduceus Post, American Legion, New York City. This is practically a club of medical officers.

1891

Dr. John Lovett Morse spoke at the annual October meeting of the Kansas City Southwest Clinical Society. On October 8 he received, the medical members of the Harvard Club of Kansas City, at the home of Dr. Harry C. Berger, '15.

1892

Dr. J. Holbrook Shaw is on leave of absence for one year from his duties as director of health activities in the Plymouth, Mass., public schools, a post he has held for 22 years.

1895

In honor of Dr. Joseph A. Capps of Chicago, an annual prize for research work, to be known as the Joseph A. Capps Prize, has been established by the Chicago Institute of Medicine, through an anonymous gift of \$10,000, recently received.

1900

Dr. Frederick T. Lord, 305 Beacon St., Boston, has been appointed Clinical Professor of Medicine at the Harvard Medical School.

1901

Dr. J. Forrest Burnham is chairman of the Lawrence Mass., cancer committee in charge of the State-aided Cancer Clinic at the Lawrence General Hospital.

Dr. David Cheever was elected in May, 1930, a member of the American Academy of Arts and Sciences.

Dr. Kendall Emerson, 1 Lexington Ave., New York City, has been elected a member of the New York Academy of Medicine. For the past two years he has been managing director of the National Tuberculosis Association, 370 Seventh Ave., New York City.

1903

Dr. Thomas J. Burrage of Portland, Me.,



